PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

Fee Paid (\$)

Fees Paid (\$)

N/A

Fee (\$)

0

Under the Paperwork Reduc	JION ACT OF 199	ib no persons are required t		collection of intol	mation unless it	J.S. DEPARTMENT OF COMMERCE displays a valid OMB control number		
Effective on 12/08/2004. Effective on 12/08/2004. Consolidated Appropriations Act. 2005 (H.R. 4818).				Complete if Known				
			Annlication 1	on Number	10/616,186			
FEE IF	(AN:	SMITTAL	Filing Da	te	June 9, 200	3		
For FY 2005		First Nam	ned Inventor	JOHNSTON, Thomas B.				
Applicant claims small entity status. See 37 CFR 1.27			Examine	r Name	Strimbu, Gregory J.			
			Art Unit	Unit 3634				
TOTAL AMOUNT OF PA	YMENT (S	905.00	Attorney	Docket No.	20060-1-00	10		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
✓ Deposit Account Deposit Account Number: 502725 Deposit Account Name: Lott & Friedland, P.A.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEA	FILING	FEES SE Small Entity	ARCH FEES Small Er	tity	MINATION FI	tity		
<u>Application Type</u> Utility	Fee (\$) 300		(\$) Fee (\$					
, *	-	150 50		200		N/A		
Design Plant	200 200	100 10		130				
Reissue		100 30		160				
	300	150 50		600	300			
Provisional 200 100 0 0 0 0 0								
Fee Description Each claim over 20 (Each independent cla	(including I aim over 3	Reissues)	0 0	'	Fee (50 200	(\$) Fee (\$) 25) 100		
Fee Description Each claim over 20 (Each independent cla	(including I aim over 3	Reissues) (including Reissues)	0 0	'	Fee (50 200 360	(\$) Fee (\$) 25) 100		
Fee Description Each claim over 20 (Each independent of Multiple dependent of Total Claims - 20 or HP =	(including I aim over 3 claims Extra Clai	Reissues) (including Reissues) ms Fee (\$) !		'	Fee (50 200 360	Fee (\$) 25 100 180 Dependent Claims		
Fee Description Each claim over 20 (Each independent claim over 20 (Multiple dependent of Total Claims	(including I aim over 3 claims Extra Clai	Reissues) (including Reissues) ms Fee (\$)	Fee Paid (\$)	'	Fee (50 200 360 Multip	Fee (\$) 25 100 180 Dependent Claims		
Fee Description Each claim over 20 (Each independent of Multiple dependent of Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP =	(including I aim over 3 claims Extra Clai al claims paid f Extra Clai	Reissues) (including Reissues) ms Fee (\$)	Fee Paid (\$)	•	Fee (50 200 360 Multip	(\$) Fee (\$) 25 100 180 Dele Dependent Claims (\$) Fee Paid (\$)		
Fee Description Each claim over 20 (Each independent of Multiple dependent of Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP = HP = highest number of indep.	(including I aim over 3 claims Extra Clai al claims paid f Extra Clai	Reissues) (including Reissues) ms Fee (\$)	Fee Paid (\$)N/A	•	Fee (50 200 360 Multip	(\$) Fee (\$) 25 100 180 Dele Dependent Claims (\$) Fee Paid (\$)		
Fee Description Each claim over 20 (Each independent of Multiple dependent of Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP =	(including I aim over 3 claims Extra Clai al claims paid f Extra Clai ependent claim	Reissues) (including Reissues) ms Fee (\$)	Fee Paid (\$) N/A Fee Paid (\$) N/A		Fee (50 200 360 Multip	S Fee (\$)		

Other (e.g., late filing surcharge): RCE and 3 Month Extension of Time (\$395 + \$510 = \$905.00)								
SUBMITTED BY								
Signature	Lucole	Valdo	Registration No. (Attorney/Agent) 47,289	Telephone 305-448-7089				
Name (Print/Type	Nicole A. Valdivieso			Date October 21, 2005				

_ (round up to a whole number) x

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof

0

0

Non-English Specification, \$130 fee (no small entity discount)

6

4. OTHER FEE(S)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.